

CPD for the Busy Rheumatologist

Raising the Bar of the Clinical Audit Spectrum: A Comparison Between the Mini-Practice Audit Model (mPAM) and Other Types of Clinical Audits

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“The Royal College said clinical chart audits are important for mandatory Section 3 Credits. . . I looked this up and there are different kinds . . . some look easier than others!” exclaims Dr. AKI Joint, a rheumatologist member of the Canadian Rheumatology Association (CRA). “I know there have been recent changes to the Maintenance of Certification Guidelines — what do I do?”

A clinical audit is a systematic review of an individual’s or group’s practice with comparison to established “best practice” standards. The audit cycle identifies gaps, promotes change and confirms practice improvement. It should be direct and focus on actual practice in a manner that allows for discrete intervention and change. It is not a practice inventory or a research project to identify “best practice.” It is an audit designed to lead to quality improvement of actual practice. Ideally, gaps should be identified and feedback given to address remedies that can be established in practice. A follow-up re-audit can be done to confirm change in practice.

Although administrative and authority-driven audits and 360° reviews have been promoted to identify strengths and weaknesses in physicians’ use of practice guidelines, these are frequently large and expensive and done only occasionally. The chosen guidelines may not be relevant to actual practice. Patient selection may lack specificity and relevance and often demands large numbers of patients or “blind” audits of extensive databases. The information is usually diffuse and not specific to an individual’s practice. Analysis may be done by “experts” and feedback given as a committee’s “action plan”. This may lead to irrelevant comparisons and, hence, impractical conclusions and recommendations for change. As such, implementation and re-audit may not be practical.

In contrast, the mini-Practice Audit Model (mPAM) (Table 1) uses specific domains and elements directly related to individual practice guidelines, standards or protocols. A limited number of patients (10-20) is often adequate to sample practice patterns. The data can be

correlated directly to guidelines and gaps can be readily identified. It has been shown to directly inform feedback to individual physicians for improvement strategies and specific implementation. It is reliable and relates clearly to actionable interventions, including education and re-audit, and implementation of practice improvement (Wooster 2007).

The cycle of audit, analysis, education/intervention, application, re-audit and re-application used in the mPAM can be used for personal improvement or in a group strategy. It can be documented as a personal learning project or otherwise as a quality improvement activity for recognized CPD credits. The findings and process can also be used for group learning and focused education rounds or courses, or literature review or to search for appropriate definitions and guidelines. Identified deficiencies can also inform further clinical and standards investigation and quality improvement strategies in related areas.

“The mPAM format is one that I could actually do...” says Dr. AKI Joint. “I will be able to select the best approach every six months to actively monitor my own patient charts in my practice (and to get MOC Section 3 credits).”

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Table 1: Pros and Cons: Clinical Practice Audits (CPA) and mPAM Process

	CPA	mPAM
Administrative Considerations	Large, diffuse	Individual
	Time consuming	Time efficient
	Complex governance	Local ethics and governance
	Authorities, costly	Specific, cost effective
Guideline Selection	Standard selection	Specific to individual practice
Patient Population	Large sized	Focused, limited
	General group	Specific to practice
Data Analysis	Remote authority	Self-directed
		Peer to Peer
Gap Identification	Comparison to "standard"	Relevant to practice
Change Recommendation	Unavailable or costly resources	Modelled to practice
	System based	Process and system based
Implementation	Time consuming	Time efficient
	Costly	Cost effective
Re-audit	General	Specific, focused
	Time consuming	Time efficient
	Costly	Cost efficient
	Costly	Cost efficient

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